



Notification of Exemption from a Solid Waste Permit for a Limited MRW Facility Under WAC 173-350-360(3)

Identification Number
(For official use only)

PART I. General Information

Name of facility:	Date Notification Submitted:
<i>Please check appropriate box and complete dates:</i> Currently operating – date started operations _____ Plan to start operations on _____ Out of business/closed (date _____) Operations currently suspended, plan to restart _____	County where facility is located:
Contact Information for (check one) <input type="checkbox"/> Facility owner <input type="checkbox"/> Facility operator Company Name, Government Entity, etc.: Contact Name: Position in organization: Phone: Fax: e-mail address:	Mailing address: Street: City: State: Zip:

PART II. Facility Information

Facility Address (if different from above): Street: City: State: Zip:	Facility phone: Fax: e-mail address:
Location Description/Legal Description of site (if no street address):	Facility Mailing Address (if different) Street: City: State: Zip:

(form continued on back)

Description of specific types and estimated quantities of MRW to be handled:

Prepared by:

Date:

Phone: